

ISSUE SLIP STAPLE AREA (for additional cross references)

7-5/8-84

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted

N Rejected
 I Indefinite
 A Appeal
 O Objected

Claim	Date	Claim	Date	Claim	Date
Final	Original	Final	Original	Final	Original
1	2	51	52	101	102
2	3	53	54	103	104
3	4	55	56	105	106
4	5	57	58	107	108
5	6	59	60	109	110
6	7	61	62	111	112
7	8	63	64	113	114
8	9	65	66	115	116
9	10	67	68	117	118
10	11	69	70	119	120
11	12	71	72	121	122
12	13	73	74	123	124
13	14	75	76	125	126
14	15	77	78	127	128
15	16	79	80	129	130
16	17	81	82	131	132
17	18	83	84	133	134
18	19	85	86	135	136
19	20	87	88	137	138
20	21	89	90	139	140
21	22	91	92	141	142
22	23	93	94	143	144
23	24	95	96	145	146
24	25	97	98	147	148
25	26	99	100	149	150
26	27				
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47	48				
48	49				
49	50				

if more than 150 claims or 10 additional
stable additional sheet used

LEFT INDEX